

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015987

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2189

STATE FILE NUMBER

FILED APR 29 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Buckingham MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>50 YEARS</u>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kansas City Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>308 E. 33rd STREET</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Revin EUGENE DAVIS</u>		4. DATE OF DEATH Month Day Year <u>4 10 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-10-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Baggage Handler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Baggage Handler</u>	9. AGE (last birthday) <u>80</u>
11a. FATHER'S NAME <u>Benjamin F. Davis</u>		11b. BIRTHPLACE (City and state or country) <u>Orwick, Mo.</u>	
13a. MOTHER'S M maiden name <u>Susan Brand</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. I.D.A. DAVIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>YES</u>		16. SOCIAL SECURITY NO. <u>8328 Mrs. B. Sayer 609 Fillmore</u>	
17. INFORMANT <u>8328 Mrs. B. Sayer 609 Fillmore</u>		18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Feb. 4th 1963</u> to <u>April 10th 1963</u> and last saw her/him alive on <u>April 10th 1963</u> Death occurred at <u>2-15-00m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>D.W. Newcomer</u> (Degree or title)		22b. ADDRESS <u>314 PROFESSIONAL BLDG. KANSAS CITY MISSOURI</u>	
22c. DATE SIGNED <u>APR 10 1963</u>		23. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY KANSAS CITY MISSOURI</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>APR 12 1963</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>		25. DATE RECD. BY LOCAL REG. <u>4-11-63</u>	
ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herold LaBachternadt

Licensed Embalmer No. 3035

P. O. Address Overland Park, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.